HEADQUARTERS
MEDITERRANEAN THEATER OF OPERATIONS
UNITED STATES ARMY
Office of the Surgeon
APO 512

1 October 1945

CIRCULAR LETTER NO. 27

SUBJECT: Weekly Statistical Health Report, WD AGO Form 8-122.

The following Circular Letters, Office of the Surgeon, Hq. MTOUSA, are rescinded:

Section IX, Circular Letter No. 1, dated 1 January 1945.
Section I, Circular Letter No. 16, dated 11 May 1945.
Par. 1e, Section VI, Circular Letter No. 24, dated 31 July 1945.

1. General.

a. The Statistical Health Report, WD AGO Form 8-122 (Old WD MD Form 86ab) will be submitted through technical channels by all medical installations, (hospital or dispensary) providing medical service to U.S. Army personnel in compliance with AR 40-1060, dated 28 August 1945. The new report form will be used for the week ending 13 October 1945. Hospital dispensaries under the immediate supervision of a hospital and located on the same station will not be regarded as separate dispensaries. The name of the unit and APO will be shown. Reports which cover several organizations will list the units included either under "Remarks" Line 37, or on an appended sheet. All reports will carry the name of the parent unit to which the reporting unit is assigned or attached: e.g. "999th Ord. Co., Assigned to PBS; Attached to Rome Area Command."

b. Classification. This report will be classified "RESTRICTED".

c. Distribution and Channels. Consolidated reports of major commands will be forwarded in sufficient time to reach this headquarters not later than the 7th day following the close of the report period. Air courier service will be utilized whenever practicable. All consolidated reports will be submitted in duplicate, accompanied by one copy of all unit reports. In addition to the report made to this headquarters, the Surgeon, AAFSC/MTO will forward one copy of the consolidated Air Force report to the Commanding General, AAF, Attention: Air Surgeon.

d. Initial and Final Reports.

(1) General. All units being inactivated or disbanded will render a final report. All units transferring from one major command to another within the theater or from this theater to a command outside the theater will submit a final report to the surgeon of the former command. In all cases where final or

initial reports are rendered, they will be clearly marked final or initial at the top of the report.

(2) Patients Table (Section II). Remaining cases will be shown on Line 8, Transfers. In the first report submitted to the new command, cases that were disposed of by Transfer on Line 8 will be listed on Line 4 or 5, Transfer from Quarters Or Dispensary; Transfers from Hospital, whichever is applicable.

(3) Reportable Conditions (Section IX). On the "Final" report, remaining cases will be disposed of in Column 7, Otherwise. These cases will be shown in Column 4 or 5, Transfers-Dispensary, Transfers-Hospitals, in the "Initial" report to the new command.

(4) Reports of units detached from a parent organization will be submitted to the command to which the unit is attached for administration.

e. Consolidation of Reports. Surgeons of base sections and commands which list hospitals among "organizations included in report" will submit separate consolidated reports for:

(1) Fixed Hospitals

(2) Non Fixed Hospitals

(3) Non-hospital units (dispensaries)

f. Period of Report. The Statistical Health Report (WD AGO Form 8-122, dated 1 July 1945) will be submitted WEEKLY. The data will cover the period from 0001 hours Saturday to 2400 hours Friday. The date of the report, as shown in Section B, will be the Saturday immediately following the period of the report.

g. Personnel Covered by the Report. All data on the report, with the exception of data on "Patients Occupying Beds" (Section IV) and "Beds Occupied" (Section VII, Line 34) which include non-army personnel, pertain to U.S. Army personnel ONLY. Officers and enlisted personnel of the Women's Army Corps (WAC) will be included with U.S. Army personnel unless otherwise indicated.

(1) Patients Occupying Beds (Section IV). Include all personnel of the U.S. Army, Allied and co-belligerent civilians, as well as enemy military and civilian personnel in hospitals.

(2) Hospitalization (Section VII). Include on Line 34, all patients occupying beds.

h. Classification by Color. Colored refers to negroes only. All other personnel will be classified as white.

2. Mean Strength.

a. The mean strength will be obtained from the daily strength of the command plus the daily strength of the attached organizations. The daily strength is the sum of the U.S. Army personnel (attached or assigned) carried on the morning reports of the units and organizations attached for medical service.

b. The item Mean Strength will not include the strength of organizations which are included in a separate dispensary report even if such organization receives some medical service from a hospital or other dispensary.

c. Individuals absent sick in hospital will be carried as "Absent" on the unit morning report and will not be dropped until transferred to a hospital Detachment of Patients. They will be included in the Mean Strength figures submitted on WD AGO Form 8-122 by the unit dispensary.

d. The mean Army strength of the unit will be reported separately for Army (except for WAC) and WAC. Each of these groups will be classified by color.

e. Computation of Mean Strength.

(1) For units disbanding before the end of the period.

Total of Daily Strengths divided by seven (7).

(2) For units moving between commands.

Total of Daily Strengths divided by number of actual days of operation within each command.

3. Patients Table (Section II).

a. General. The Patients Table accounts for U.S. Army personnel. Therefore, U.S. Army personnel only will be included in this section. A Direct Admission is defined as the first time a patient is admitted to a medical facility for a current condition. Example: an individual entering a dispensary and later sent to a hospital for observation or treatment of a condition of ill health will be recorded as follows: The dispensary will pick up one (1) direct admission on Line 3 Direct, under the Quarters and Dispensary Column. When sent to a hospital, he is disposed of on Line 8, Transfers under Dispensary and Quarters. The hospital will enter one (1) admission by transfer from Quarters or Dispensary on Line 4, under Hospital column. All patients treated in dispensaries including numbered General, Air Corps base dispensaries, and clearing companies on functional employment will be considered as Quarters And Dispensary cases and so reported in Section II.

b. Admissions.

(1) Remaining From Last Report (Line 2). This figure will always be the same as that shown on Line 14, Remaining on Last Day of Period of the previous week's report.

(2) Direct Admissions (Line 3). Enter on this line all direct admissions as defined above.

(3) Transfer From Quarters Or Dispensary (Line 4). Are defined as patients who had previously been directly admitted to a dispensary or quarters by a dispensary or hospital and who are subsequently sent to a hospital for further treatment of a current condition.

(4) Transfers from Hospital (Line 5). Are defined as individuals who were patients in a hospital and have been subsequently sent to another hospital for further treatment of a current condition.

c. Dispositions. Patients discharged during the week will be classified as follows:

(1) Duty (Line 7). Patients returned to duty. Hospitals only will classify patients discharged to duty as listed on Line 7 as to general or limited service under "Remarks" Line 37 or on an appended sheet. Example: General Service: Disease____, Injury____, Battle Casualty____. Limited Service: Disease____, Injury____, Battle Casualty____.

(2) Transfers (Line 8). All patients transferred to another medical installation for diagnosis or further treatment of a current condition.

(3) Deaths (Line 9). All deaths including Dead On Arrival (DOA) (CRO). The Cause of every death entered on Line 9 (J) will be listed under "Remarks", Line 37, or on an appended sheet. Standard nomenclature will be used. The primary cause of death will be given and, in the case of Battle Casualty, the type of weapon or missile causing the death will, whenever possible, be listed.

(4) CDD (Line 10). Not applicable in this theater.

(5) Evacuated to ZI (Line 11). Will include patients transferred to the United States for further observation and treatment.

(6) Otherwise (Line 12). All other dispositions, i.e., AWOL in excess of 10 days, venereal disease cases carded for record only (CRO) and any other dispositions not specifically mentioned except carded deaths which are disposed of on Line 9; Deaths.

d. Reporting of Patients by Hospitals. Hospitals may admit patients to hospital or quarters. The admissions will be tabulated on the form accordingly under Hospital or Quarters and Dispensary. Dispositions will also be tabulated separately under each category according to type of disposition. Patients in convalescent facilities under supervision of the reporting hospital will be carried in the patients Table under Hospital.

(1) Hospital to or From Quarters. Patients originally admitted to quarters by a hospital and then transferred from quarters to the reporting hospital or to convalescent facility of that hospital will be entered on Line 4, Transfer from Quarters or Dispensary, under Hospital in Admissions and dropped on Line 8, Transfers under Quarters and Dispensary in Dispositions.

(2) Patients originally admitted to hospital or convalescent facility and then transferred from hospital or convalescent facility to quarters will be entered on Line 5, Transfers from Hospital, under Quarters and Dispensary, and dropped under Hospital in Dispositions on Line 8, Transfers.

(3) Only hospitals are authorized to make entries under the Hospital columns in Section II of the report.

e. Reporting of Patients by Dispensaries. Dispensaries will admit patients to Quarters and Dispensary only. A patient who is admitted to a dispensary and then is immediately sent to a hospital will be accounted for as follows on the dispensary report: Direct Admission on Line 3 under Quarters and Dispensary and disposition on Line 8, Transfers, under Quarters and Dispensary. Dispensaries will not record patients under the hospital columns even though the patient does not spend any time at all in the dispensary or in quarters and is immediately sent to the hospital.

Admission to Quarters by a Dispensary. Patients admitted to a dispensary and remaining on a quarters status at midnight of the same day will be entered on Line 3, Direct Admissions, under Quarters and Dispensary, except cases which are admitted by transfer from another medical installation in which case they will be picked up on Line 4 or 5, whichever is appropriate.

f. Convalescent Patients.

(1) Patients in convalescent facilities will be recorded as hospital patients. The reporting hospital will not record a change in the Patients Table when patients are transferred to its own convalescent facility. Patients transferred to the convalescent facility of another hospital will be disposed of under Hospital- Transfer, Line 8 by the reporting hospital. The receiving hospital will report such patients as Admissions by Transfer on Line 4. The number of such convalescent patients included as remaining on the last day of the report period will be reported separately under "Remarks", Line 37 or on an appended sheet; e.g., Patients remaining in Convalescent Facilities, Disease____, Injury____, Battle Casualty____.

(2) Patients occupying beds in a fixed hospital will not be considered as cases in a convalescent facility even though they are included in a rehabilitation or reconditioning program instituted at the hospital.

g. Patients In Other Than U.S. Army Hospitals. U.S. Army personnel transferred to Allied or civilian hospitals will be dropped immediately by transfer on Line 8, by the transferring unit.

h. Patients Carded For Record Only.

(1) Admission. Deaths carded for record only, including DOA's (Dead on Arrival), and Venereal Disease cases, not previously treated for the same current condition by any army medical installation as an Army case, which are treated on an out-patient (duty) status, will be reported by the receiving hospital or dispensary as a Direct Admission on Line 3, under QUARTERS AND DISPENSARY. Carded patients, once reported by a receiving unit, will not be entered on any other unit's WD AGO Form 8-122.

All other patients, except those listed above, who are carded for record only will not be reported on the Statistical Health Report even though an individual medical record is prescribed.

(2) Disposition.

(a) Carded Deaths will be disposed of on Line 9, Deaths, under Quarters And Dispensary.

(b) Other Patients will be disposed of on Line 10, Otherwise, under Quarters and Dispensary.

(3) Cases Carded For Record Only (CRO). Will be listed on Line 36, CRO.

i. Sick Leave or Furlough. Patients on sick leave or furlough will be reported as Remaining on Line 14, if they are to return to the reporting hospital before final disposition. If patient is to return to duty upon expiration of sick leave or furlough, he will be disposed of as Duty, Line 7 on the day he leaves the hospital. In neither case will he be counted as occupying a bed in Sections IV or VII of the report.

j. Absent Without Leave (AWOL). Absent without leave for more than 10 days will be regarded as a final disposition and will be entered on Line 12, Otherwise. AWOL patients will be carried in Section II, the Patients Table, up to 10 days, but will be omitted from Sections IV and VII immediately upon absence.

k. Classification By Disease, Injury, and Battle Casualty.

(1) General. Patients will be classified according to the primary cause of initial admission and reported in one of three categories of cases; namely, disease, injury, or battle casualty. In instances of patients suffering from both disease and injury at the time of initial admission, the most serious condition present will be taken as the primary cause of initial admission and will determine the classification. Patients admitted for a battle casualty and a disease or injury will be classed as a battle casualty. When it is discovered that an individual is carried in the Patients Table, Section II, under the wrong category, the case will be dropped as if by transfer on Line 8 and picked up under the correct category as if by transfer on Line 4 or 5, whichever is appropriate.

(a) Disease. All cases other than those resulting from injury or battle casualty will be classed as Disease. Included among the disease cases will be patients suffering from reactions to medication other than acute poisoning, patients admitted for the sequela of an injury incurred prior to entering the service, and patients readmitted for the results of a traumatism (battle or non-battle) incurred during service.

1. Readmitted "Old" Wounds or Injuries. These will be classified as Disease. The number of "Old" wounds or injuries admitted during the report period will be shown under "Remarks", Line 37, or on an appended sheet as follows:

Old Battle Casualties _____
Old Injuries _____
Total _____

(b) Injury. The term "Injury" will include traumatisms other than those defined as battle casualty. (The term traumatism refers to morbid conditions resulting from external causes. It includes acute poisoning except food poisoning, the results of exposure to heat, light and cold, as well as various types of wounds.) Trench foot will be considered to be an injury. Injuries occurring among patients in a medical installation will not be recorded on the Statistical Health Report.

(c) Battle Casualty. A battle casualty is a traumatism (wound or injury) which is incurred as a direct result of enemy action during combat or otherwise, or is sustained while immediately engaged in, going to, or returning from a combat mission. It does not include traumatisms occurring on purely training flights or missions. Psychiatric cases will not be reported as battle casualties even though they occur during combat.

4. Army Neuropsychiatric Cases (Section III).

General. Special information, as required on the form will be completed for U.S. Army neuropsychiatric cases. Information will be given for psychiatric and organic neurologic disease separately.

a. Psychiatric Cases. Include U.S. Army patients with psychoneurosis (Neurosis, neuroasthenia, battle reaction, hysteria), psychosis, constitutional psychopathic state, mental deficiency, or other psychiatric disorder not classifiable as organic neurologic. Cases occurring in combat which are diagnosed without qualification as "Exhaustion", "Operational Fatigue", "Flying Fatigue", etc. will not be considered battle casualties.

b. Organic Neurologic. Include U.S. Army patients with epilepsy, neuritis, multiple sclerosis, etc.

(1) Admissions.

(a) Direct. Include not only Neuropsychiatric patients directly admitted to hospital or quarters but also NP cases which originate or are discovered among patients already in the hospital or quarters.

(b) Transfers. See paragraphs 3b(3) and (4).

(2) Dispositions.

(a) Duty. See paragraph 3c(1).

(b) CDD. Not applicable in this theater.

(c) All Other. Include all neuropsychiatric cases disposed of by hospital or dispensary during the report period except patients returned to duty. Neuropsychiatric cases who have recovered from the neuropsychiatric disorder but remain in hospital or quarters for further treatment of another disease, injury or battle casualty will also be included in this classification.

(3) Remaining On Last Day Of Period. Neuropsychiatric cases remaining on last day of period will be recorded separately in columns 8, 9, and 10 as to patients in open or locked wards. The total shown in column 10 will agree with the total in column 1, Remaining from Last Report, on the subsequent report.

5. Patients Occupying Beds (Section IV).

a. All patients (Army and all other military and civilian patients) who were actually in the hospital or in convalescent facilities on the last day of the report period will be considered as occupying beds. Patients on sick leave, furlough, AWOL, or away from the hospital for some other reason will not be shown

under Patients Occupying Beds. The space reserved for Allied and Neutral armed Forces will also include co-belligerent military personnel. Merchant Marine personnel will be considered civilians.

b. Section on Convalescent Hospital Patients does not apply in this otheater.

6. Days Lost By Army Patients (Section V).

A tabulation will be made of the number of days lost during the report period by U.S. Army patients in hospital, quarters, or convalescent facilities. Days lost will be computed separately for total disease, injury and battle casualty (Disease will include Venereal Disease). This will be obtained by adding the number of patients by type of case treated daily during the period. Patients away from the hospital on sick leave, furlough or AWOL (less than 10 days) will be included in the computation of days lost from duty.

7. Days Lost By Army Patients Because Of Venereal Diseases (Section VI).

a. A separate tabulation will be made of days lost by U.S. Army patients because of venereal disease by the unit treating the disease. Total days lost will be the sum of the daily number of U.S. Army patients with venereal disease in hospital, quarters and convalescent facilities during the report period. Patients accounted for on the hospital 8-122 will not be picked up on the report submitted by their own units. The total time lost since initial admission for cases diagnosed subsequent to that date will be included in the days lost of the report period during which diagnosis is made. Patients with a venereal disease who are kept in a medical installation as a result of condition other than the venereal disease after the time when they normally would have been treated on a duty status will not be considered as losing time caused by the venereal disease.

b. A separate tabulation will be made for white and colored patients and by army (less WACs) and Women's Army Corps (WACs).

8. Hospitalization (Section VII).

Tabulation of hospitalization data will be made as of Friday midnight of the report week. The tabulation of Patients in Reconditioning program is not applicable in this theater.

a. Classification and Definitions.

(1) Fixed Hospitals. Includes all numbered field, station and general hospitals except field hospitals operating as mobile units. Fixed hospitals used temporarily as non-fixed hospitals will be reported as fixed hospitals.

(2) Non Fixed Hospitals. Includes all convalescent hospitals, evacuation and portable surgical hospitals and field hospitals operating and designated by Headquarters MTOUSA as mobile units. Non fixed hospitals which are temporarily used as fixed hospitals will nevertheless be reported as non fixed hospitals.

(3) Convalescent Facilities. Includes buildings and tents set up for the convalescence and reconditioning of patients who no longer require medical and nursing care but who are not sufficiently recovered to return to duty. Beds

set aside for convalescent patients in fixed hospitals will not be reported as convalescent facilities.

(4) Convalescent Hospitals. Reported as non fixed hospitals.

b. Normal Bed Capacity.

(1) For all hospitals (including convalescent facilities) the normal bed capacity will be based on the T/O & E under which they are organized regardless of whether or not the beds are actually set up and available for use. Normal bed capacity reported will always be constant unless authorized changes in the T/O & E are made. This figure is shown in Column 1, Section VII, Hospitalization.

(2) Non-Utilized Normal Bed Capacity. If normal bed capacity cannot be fully utilized, an explanation will be included under Remarks, Line 37.

c. Expansion Bed Capacity. The number of beds authorized by Headquarters MTOUSA, that can be set up and made available for use above T/O capacity. Such beds will not be shown separately on the report but will be included under Total, Column 2, Section VII.

d. Non fixed hospitals will report only T/O beds in Column 4 of this section.

e. Beds Occupied. All patients (U.S. Army and all other military and civilian patients) who are actually in hospital or convalescent facility on Friday midnight of the report period will be recorded as occupying beds; and will be listed under the various classes of Medical Department facilities on Line 34, Beds Occupied. The total of Section IV, Column 3, will agree with the total of Section VII, Line 34, Columns 2 and 4.

f. Beds in Dispensaries. The number of beds in numbered general dispensaries, base dispensaries (Air Corps) and clearing companies on functional employment will be tabulated separately and listed in the "Remarks", Line 37, as follows: Dispensary Beds or Clearing Company Beds Available____; Occupied____.

9. Miscellaneous (Section VIII).

a. Per Cent Remaining Sick On Last Day of Period. Will be computed on the consolidated reports of Base Sections and AAFSC/MTO only.

b. Number of CRO's. List here all Cases Carded For Records Only, summarized by type of case, i.e., Disease, Injury and Battle Casualty.

10. Reportable Conditions (Section IX).

a. General. All communicable disease cases and other reportable conditions occurring among U.S. Army personnel only and admitted to hospital, quarters or convalescent facilities will be accounted for in this section.

(1) Column 1 - Cases Remaining From Last Report. Include the number of cases remaining at the end of the last period under each disease. This number will always agree with the number of cases shown in Column 8 of the previous week's report.

(2) Column 2 - By Direct Admission and Change of Diagnosis. Direct Admissions, as defined in paragraph 3a, changes in diagnosis, and added associated diseases will be reported under this heading.

(a) Direct Admissions. When a patient is first seen at an aid station, dispensary or hospital and positive diagnosis is made, such patient will be shown in Column 2 as a direct admission. In the case of communicable diseases, a patient seen at a medical installation for the first time, for whom tentative (not positive) diagnosis is made, will only be picked up in Section II and will not be shown in Section IX except where the diagnosis is FUO. The medical unit to which the patient is transferred (usually a hospital) will list the case as a direct admission when a positive diagnosis is made.

(b) Changed Diagnosis Where Original Diagnosis Is Not Concurred In. Where hospitals or other medical installations receive patients by transfer and the receiving units do not concur in the diagnosis, the patient will be listed by the reporting unit as a direct admission under the changed diagnosis. Notification of such non-concurrence and the changed diagnosis will be sent, as soon as practicable, to the first admitting medical unit. This notification is for INFORMATION ONLY and will not be used as a source of data for the Statistical Health Report.

(c) Added Associated Diseases. Communicable diseases which are diagnosed among patients in hospital, quarters or convalescent facilities will be shown as new cases in Column 2. This applies when a disease case is diagnosed during the course of treatment for some other disease (communicable or non-communicable). Each such disease will be carried until patient has recovered from that particular illness.

(3) Column 3 - Readmitted. When a patient who has been returned to duty or has been "Carded For Record Only" is subsequently readmitted to the same or some other medical unit for treatment of the same communicable disease, entry will be made on the appropriate line under Column 2 and also on the same line in Column 3 as a Readmitted case. Example: "Old" gonorrhea, "Old" syphilis, or relapses of malarial fever. The transfer of a patient from one medical unit to another does not constitute a readmission. More than one new, distinct attack of a communicable disease (e.g., common respiratory, pneumonia, dysentery, diarrhea) will not be considered as a readmission but as a new admission.

(4) Column 4 - By Transfer if Diagnosis Is Concurred In - Dispensary. Transfers, as defined in paragraphs 3b(3) and (4) from dispensaries to hospital or other dispensaries, will be reported under this heading providing the diagnosis is concurred in.

(5) Column 5 - By Transfer If Diagnosis Is Concurred In - Hospital. Transfers as defined in paragraphs 3b(3) and (4) from one hospital to another will be reported under this heading, providing the diagnosis is concurred in.

(6) Column 6- Deaths. Deaths in which the communicable disease was the primary cause will be shown in this column. Where death occurs simultaneously because of two or more communicable diseases, the death will be listed under the various diseases and an explanatory note will be appended.

(7) Column 7 - Otherwise. Communicable disease cases when terminated will be shown in this column even if the patient remains in the hospital or quarters for some other disease (communicable or non-communicable), injury or battle casualty. Also enter in this column the following:

(a) Patients discharged to duty.

(b) Patients transferred to another medical installation.

(c) AWOL's after more than 10 days.

(d) Patients carded for record only (CRO) (Admitted in Column 2 and immediately disposed of in Column 7).

(e) Change of diagnosis (original non-concurred-in diagnosis is disposed of in this column.

(8) Column 8 - Remaining Under Treatment. The actual number of cases of each communicable disease under treatment on Friday midnight. This figure will always agree with cases "Remaining From Last Report", column 1, on the subsequent report.

b. Definition of Certain Communicable Diseases Terms.

(1) Common Respiratory. This heading will include all cases diagnosed as acute catarrhal bronchitis, acute coryza, acute catarrhal pharyngitis, acute catarrhal nasopharyngitis, and acute catarrhal laryngitis.

(2) Influenza. While differentiation of influenza from common respiratory diseases is admittedly extremely difficult, an attempt should be made, particularly in epidemic periods, to make this distinction.

(3) Meningitis, Meningococcic. It is correct for purpose of this report to include on this line cases of meningococcemia.

(4) Pneumonia, Secondary. This term will include pneumonias occurring with, or as a complication of, other diseases (except common respiratory diseases) as for example, influenza or measles. The term will also be used to cover postoperative pneumonias and pneumonias caused by inhalation of chemicals.

(5) Pneumonia, Primary. This term will include all pneumonia occurring in association with common respiratory diseases, but will not include pneumonia secondary to influenza or measles. Primary Atypical Pneumonia (etiology unknown) will be shown separately.

(6) Streptococcal Sore Throat. This diagnosis includes cases of tonsilitis or pharyngitis known or suspected to be caused by the beta hemolytic streptococcus. The use of the term "septic sore throat" will be reserved for explosive outbreaks of sore throat transmitted by a food product (usually milk) containing the hemolytic streptococcus.

(7) Bacterial Food Poisoning. Cases to be entered under this diagnosis are those occurring in epidemics with explosive onset of vomiting and diarrhea in groups of individuals who have consumed the same suspected food. Outbreaks of

this nature usually result from contamination of food either with an enterotoxin-producing staphylococcus or with a member of the Salmonella group. This diagnosis need not, however, be limited to cases on whom bacteriologic studies have already confirmed the nature of the infectious agent. In the past, many outbreaks of bacterial food poisoning have been incorrectly listed under common diarrheas or injury. Cases of bacterial food poisoning will be considered as cases of disease and classified accordingly in Section II of the report as well as in Section IX.

(8) Common Diarrheas. This diagnosis will include all cases diagnosed as colitis, diarrhea (cause undetermined), fermentative diarrhea, enteritis, enterocolitis, intestinal indigestion and intestinal toxemia when associated with diarrhea.

(9) Malaria Acquired Outside United States. This heading will include cases of malaria in persons who are or have been recently in malarious regions outside the continental United States and who presumably have acquired their infection while abroad.

(10) Typhus Fever. The type of disease will be specified (epidemic, endemic, scrub typhus or tsutsugamushi fever).

(11) Hepatitis, Infectious. While the etiology of this disease is still unknown and the diagnosis must, in most cases, be made by exclusion, it is desired that the terminology "Infectious Hepatitis" be used in preference to "cholangitis", "jaundice", or "catarrhal jaundice" for all cases conforming to the pattern of this disease.

(12) Rheumatic Fever. Cases of rheumatic fever, whether first or recurrent attacks, are reportable; cases of chronic rheumatic heart disease are not.

(13) Reactions to Drugs, Serums, and Vaccines. Reactions to drugs, serums and vaccines (such as triple typhoid vaccine tetanus toxoid, etc.) will not be reported in Section IX of the report.

(14) Special, Not Listed. The following diseases will be entered when they occur. Negative entries are not required.

Anthrax	Trachoma	Weil's Disease
Blackwater Fever	Trichinosis	Yellow Fever
Cholera	Tularemia	Immersion Foot
Coccidioidemycosis	Smallpox	Frostbite
Leprosy	Undulant Fever	Rocky Mountain Spotted Fever
Plague	Rabies.	Infectious keratoconjunctivitis
Lymphocytic Choriomeningitis		
All tropical diseases		

11. "New" Venereal Disease (Section X).

a. Include in this section all new cases of venereal disease not previously reported by any other medical installation.

b. All venereal disease cases will be entered in the space "Not EPTS" unless onset was prior to entrance into military service.

c. The total number of cases under each category (EPTS, Not EPTS, WHITE, COLORED) will always agree with the number of cases reported in Section IX, Column 2, minus Column 3 for each venereal disease.

For the SURGEON:

A. A. BIEDERMAN,
Colonel, M.C.,
Deputy Surgeon.

DISTRIBUTION:

Surgeon, PENBASE	- 600
Surgeon, Adriatic Base Command	- 100
Surgeon, AAFSC/MTO	- 350
Surgeon, Rome Area Command	- 25
Surgeon, Hq. Command, AF	- 30
Surgeon, University Training Command	- 10
Surgeon, POW Command	- 50
Surgeon, 88th Inf. Div.	- 25
Surgeon, MTOUSA	- 50